

ASC DISASTER SURGE STRATEGIES

SURGE STRATEGIES AND CONSIDERATIONS – June, 2013

Note: Strategies may not be appropriate for all incidents or all facilities

#	Strategy/Implementation Steps	Regulatory and other considerations	Preparedness or Response
1	<input type="checkbox"/> Cancel elective surgery cases so traditional patient care areas can be used for surge patient		Response
2	<input type="checkbox"/> Increase space by converting non-patient care areas into patient care areas for treatment <input type="checkbox"/> Break rooms <input type="checkbox"/> Meeting rooms <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> - Maintain break room or other assigned area for staff to rest - Ensure planning to maintain patient monitoring for nontraditional patient care areas - Ensure infection control procedures are maintained - Define appropriate types of patients for these areas - Identify an area(s) appropriate for triage 	Response
3	<input type="checkbox"/> Partner with geographically close facilities - <i>for example: all suturing cases to one and reductions to another</i>	<ul style="list-style-type: none"> - Establish communication with facilities that are not planning/able to participate in surge response independently - Consider physician offices - Written partner agreements are encouraged 	Preparedness
4	<input type="checkbox"/> Partner with geographically close acute care facility	- Acute care hospitals may need additional space. Consideration could be given to creating MOU for use of space.	Preparedness
5	<input type="checkbox"/> Utilize parking lots or other outdoor space – <i>examples of use: registration, family waiting, triage, vaccinating.</i>	<ul style="list-style-type: none"> - Legal regulations and limitation for outdoor space - Weather and time of day - Security - Use of EZ ups - Consider traffic pattern issues for safety 	Response
6	<input type="checkbox"/> Serve as charging stations – <i>for example: home care patients that need electricity to power their IV pumps, ventilators, etc.</i>	<ul style="list-style-type: none"> - A minimum of 2 employees would need to be present for safeguarding ASC not being used for medical care - Generally only 50% of outlets are linked to generator (2 red plugs per bed) 	Response

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7	<input type="checkbox"/> Call in off-duty staff and/or request current staff to remain <input type="checkbox"/> Assign and train staff to disaster roles before the event <input type="checkbox"/> Encourage staff to maintain gas level in vehicles to at least half full	<ul style="list-style-type: none"> - Employees may be employed at more than 1 location - Identify which employees will be available to you during a disaster prior to the disaster - Regularly update staff contact list - Security – identify those who can be reassigned to security and provide training 	Response

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8	<input type="checkbox"/> Partner with geographically close facilities that may have staff to assist	<ul style="list-style-type: none"> - Establish communication with facilities that are not planning/able to participate in surge response independently - Written partner agreements are encouraged 	
9	<input type="checkbox"/> Develop procedure to accept and assign volunteers <input type="checkbox"/> Accept volunteer staff requested through local jurisdiction	<ul style="list-style-type: none"> - Volunteer competencies are verified by local jurisdiction. <i>For example: for surgery cases only OR nurses accepted</i> 	Preparedness & Response
10	<input type="checkbox"/> Provide just-in-time (JIT) training	<ul style="list-style-type: none"> - JIT training will be needed for outside staff received and possibly for regular staff who are unfamiliar with surge procedures 	Preparedness
11	<input type="checkbox"/> Partner with geographically close acute health care facility to support their staffing if not using ASC as a treatment area	<ul style="list-style-type: none"> - Hospital will need to have a plan to accept non-contracted staff - Encourage staff to sign up as Disaster Healthcare Volunteer 	Preparedness & Response

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12	<input type="checkbox"/> Ensure emergency supply of food, water and personal supplies for staff	<ul style="list-style-type: none"> - Recommend a 72hr supply - Storage area for supplies - Water can be stored outside if not in direct sunlight and should not be directly on concrete 	Preparedness
13	<input type="checkbox"/> Utilize current inventory supplies, implementing conservation methods	<ul style="list-style-type: none"> - Maintain standards of care during conservation of supplies 	Response
14	<input type="checkbox"/> Contact local/non-traditional vendors for resupply <input type="checkbox"/> Recommend agreements with local merchants including pharmacies	<ul style="list-style-type: none"> - Many healthcare entities utilize the same vendors and therefore supplies may be limited 	Preparedness
15	<input type="checkbox"/> Partner with geographically close facilities that may have supplies that can be utilized	<ul style="list-style-type: none"> - Establish communication with facilities that are not planning/able to participate in surge response independently - Consider physician's offices 	Preparedness & Response

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16	<input type="checkbox"/> Partner with geographically close acute health care facilities that may need additional supplies to serve the patient surge	- Consideration could be given to adding supplies to MOU with acute care hospital	Preparedness & Response
17	<input type="checkbox"/> Contact LA County Department Operations (DOC) Center for medical supply assistance;	- After exhausting all traditional ways of securing medical supplies, LA County DOC for health may be contacted through the established resource requesting process	Response
18	<input type="checkbox"/> Ensure enough fuel or power for generator use for up to 72 hours	- Secure means for additional fuel to maintain generator - Need CMS clarification on waiver/relaxing of regulations in continuing to use generator power after current case is completed for disaster patients - Allowed up to 200 hours each year. Some relaxing of standards by AQMD for disasters	Preparedness
19	<input type="checkbox"/> Maintain at least 1 non-digital (analogue) phone line for use during a power outage	- Digital phone systems will not work if power is out - Can add a line attached to fax machine	Preparedness & Response
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20	<input type="checkbox"/> Extend operating hours		Response
21	<input type="checkbox"/> Accept minor, stable patients via BLS transport or from acute care facility	- Define types of patients facility is able to accept. Different scenarios should be considered e.g. earthquake vs. pan flu	Response
22	<input type="checkbox"/> Update security plan to include specifics for surge	- Considerations should include situation of facility e.g. located within a building or free-standing	Preparedness
23	<input type="checkbox"/> Hold patients for longer than 23 hours if needed	-Need CMS clarification on waiver/relaxing of regulations	Response
24	<input type="checkbox"/> Assist and house staff family members	- Family should bring own supplies	Response
25	<input type="checkbox"/> Develop disaster policies and procedures outlining your response capabilities	- Determine what you can do for your community - See ASC disaster guide	Preparedness